



TOWN of BROOKLINE

Massachusetts

BUILDING DEPARTMENT

Daniel F. Bennett
Building Commissioner

APPLICATION FOR CERTIFICATE OF INSPECTION (MULTIPLE DWELLING – EVERY FIVE YEARS)

Date: _____

Use Group: _____ R-2 _____

IN ACCORDANCE WITH THE PROVISION OF 780 CMR, TABLE 110 THE MASSACHUSETTS STATE BUILDING CODE, 9TH EDITION, AS AMENDED, I HEREBY APPLY FOR A CERTIFICATE OF INSPECTION FOR THE BELOW NAMED PREMISES AT THE FOLLOWING ADDRESS:

LOCATION/ADDRESS OF PREMISES: _____

NAME OF PREMISES: _____

NO. OF UNITS: _____ NO. OF STORIES: _____

CERTIFICATE TO BE ISSUED TO: _____ PHONE: _____

ADDRESS OF CERTIFICATE HOLDER: _____

OWNER OF RECORD: _____ PHONE: _____

OWNER ADDRESS: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____ TITLE: _____

EMERGENCY CONTACT: _____ 24 HR PHONE: _____

INSTRUCTIONS:

- Application form with accompanying fee must be submitted for each building or structure to be certified.
- *Submit copies of Annual Fire Alarm & Sprinkler Test Reports, Facade/Parapet Certification (3 stories or higher) and Fire Escape Affidavit (if applicable).*
- All exit signs and emergency lights should be tested to verify they are in good working order. Malfunctioning devices must be repaired immediately. Mechanical & Boiler Rooms should be cleaned and free of debris & combustibles.
- Failure to complete application with required documentation, pay fee and return to the Building Department may result in suspension of licenses and/or enforcement action by the Town of Brookline.
- Return completed application with fee to Building Department, 333 Washington Street, Brookline, MA 02445.

\$100.00	+	()	x	\$15.00	=	\$
Base Fee	+	No. of Units	x	\$15.00		Total Fee Due

Check No.	Receipt No.	Certificate No.	Issued Date	Expiration Date	Approved By
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